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## Original Department.

## Communications.

### PLASTER SPLINTS
### In the Treatment of Fractures of the Hand, Fore-arm, and other parts.

By J. E. Garretson, M. D.,
Of Philadelphia.

[Several months ago we called attention, as our readers will remember, to a mode of treating certain fractures by means of plaster of Paris splints, as introduced into the Philadelphia School of Anatomy, and Operating Surgery, by Dr. James E. Garretson, of that institution. The great worth of these dressings, and the marked progress they are making in professional favor, seems to demand at our hands as public journalists, further and more exact notice. Particularly would we direct attention to Dr. Garretson's method of treating a Barton's or Colles' fracture; nothing more fully meeting the indications can, it seems to us, be devised. These dressings are as cheap as they are simple; we have three different splints in the reading-room of our office for examination, and the cost of the lot has certainly not exceeded a shilling.

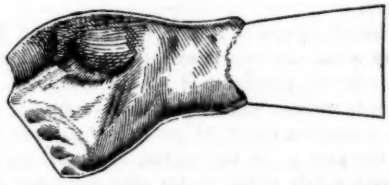
For the instruction of those who desire to make and use the dressings, we append an exact description, kindly furnished us by Dr. Garretson. The drawings we have had made that the reader may see what they look like.—Ed. Med. & Surg. Rep.]

Fig. 1.

No 1 is a palmette, adapted to fractures of the phalangeal, metacarpal or carpal bones. To make this splint—take a piece of thin board—the side of a common segar-box answers the purpose admirably—lay the hand upon this board and mark out roughly its outline, and with your pocket knife cut this out. Next cut one or more holes through it at the part representing the hand. (These holes are for the purpose of securing the plaster firmly to the splint.) Now mix up a cupful or more of common plaster of Paris with water to about the consistence of thick paste, pour this upon the palm of the splint, lay the hand upon this mass in such position as may seem demanded by the peculiarities of any special case, or if making the ordinary palmette, in a state between flexion and extension. Keep at rest till the plaster sets, then trim up. The finger marks can be made to suit any hand simply by carrying out the tips.

This palmette I have found to answer a very satisfactory purpose in treating injuries of the dorsum of the hand; divisions, for example, of the extensor tendons, modified so as to throw the whole hand obliquely upward, and which is simply effected by piling the plaster paste high up on the phalangeal portion of the splint. Modifications on the same principle can, of course, be made to suit many injuries of the part where rest and position are among the indications.

Fig. 2.



No. 2 is a dressing I have been in the habit of employing for the past two years in the treatment of all fractures about the wrist.

To make this splint, cut out the palmette as directed, then make it into a half palmette by cutting it obliquely across on a line representing the metacarpo-phalangeal articulation. It will now represent nearly the ordinary Bond splint without the block. (*A* Bond splint, by the way, will answer very well.) Lay this splint upon the table and tack around it a strip of pasteboard, say one and a half inches in width; this need not be tacked to the splint, but merely rested against it by bracing it with tacks drivên into the table; the pasteboard should extend from a point about three or four inches above where the wrist is to lie down around the board to the same point on the opposite side. Its office is merely to keep the plaster on the board when the arm and hand is laid upon it. Now mix up, as before, a sufficient quantity of plaster—it will take perhaps three ordinary teacupfuls,—pour this upon the splint, and having oiled the arm, bring the hand into extreme abduction, and elevating it somewhat on the fore-

arm, lay it into the mass; the plaster being supported by the rim of pasteboard will, of course, fill up around the wrist; now keep at perfect rest until the material hardens. When the parts are lifted from the plaster-bed a perfect impression will be found to have been obtained. The finishing step is to dress off all surplus plaster, so as to lighten as much as possible. This operation I am in the habit of accomplishing in great part before the plaster entirely hardens; in its plastic state it is, of course, cut without trouble.

This splint is, like the first, to be made in pairs, unless the practitioner should choose, like myself, to prepare them for each special case. Before attempting this latter, however, I think, judging from my own experience, it would be better to practice a little in moulding them to our own arm, or to some uninjured arm, for while they are simple enough to make, yet, like every thing else, they are made the better and easier for a little practice. I infer, however, from what experience I have had with the dressing, that by keeping on hand, say three sets, of different sizes, the indications of almost any case can be met, for if the smallest splint should a little too large, a trifle of cotton will correct the fault, and if the largest should be too small, it can in a very few moments be made larger.

The advantage of this mode of dressing fractures about the wrist seems to me to be, that it presents the possibility of latteral motion, that it gives to surgeon and patient the assurance of perfect coaptation and right position of parts so long as the arm is in the splint, thus making the patient a fair judge of his own condition, and doing away with the necessity for frequent dressing. Again, it certainly secures perfect rest, thus affording the best chance for speedy and uninterrupted union.

In moulding a dressing to a broken arm, I proceed as follows: First, I set the fracture and give it to an assistant to hold; then I rim my half palmette with the pasteboard as described, next the plaster is mixed and laid upon the board. Sometimes, as it happens to be convenient, a little block, imitating the Bond splint being first laid upon the board, for the purpose of preventing the hand sinking too deeply into the mould; sometimes, again, I have found it answer a good purpose to lay a compress upon the wrist part of the splint, for the purpose of giving support to the lower fragment, but this latter only, when there is marked tendency to antero-posterior displacement. Proceeding thus, as the case seems to demand, I take the limb from the assistant and lay it gently upon the plaster mass, quietly, and kindly pressing it down to a depth that shall bring the plaster up around the sides of the hand and wrist, as indicated in the model. Perfect rest is now maintained a sufficient length of time to allow the mould to harden, the excess of plaster being trimmed away while this process is going on. This excess of plaster is reached at by simply taking out from the table the tacks which support the rim, and pulling the pasteboard away.

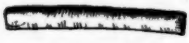
In preparing this splint for special cases, it requires of course that the mould be taken either before or after the inflammatory stage. If it is taken before it may be found necessary to remove the arm to a larger splint when swelling comes on; but the moment this swelling has been reduced the parts are to be put back into the original dressing.

With this splint I have secured fair union in Barton's fracture in two weeks. And I have treated cases where, from the complete quiet I have been able to secure to the parts, I have not had occasion to remove the arm from the splint from the occasion of first moulding it, until compelled by the necessity for passive motion of the implicated joint; in other words, the inflammatory action has been so slight—the result in part, as I believe, of the profound quiet secured to the part—that the little swelling has been easily enough combatted without at all interfering with the dressing. At times, however, I have found myself compelled to ease the patient by cutting away more or less of the sides of the splint, but this is, of course, easy enough done without disturbing the dressing in any important particular.

No dorsal splint is required with this dressing, and very seldom any compress.

Fig. 3—*a*.

Fig. 4—*b*. Fig. 5—*c*.



*a* is a palmette; *b*, a plaster mould; *c*, a compress.

Take a palmette as represented by *a*, or the the plaster palmette of dressing No. 1 answers quite as well, although because of its greater lightness I prefer the former, being made all of light wood. Set the fracture, and lay the arm upon the palmette, dressing between pronation and supination. Take now a piece of coarse crash, and cutting it so as to fit the dorsum of the fore-arm, saturate with plaster-cream, made by thinning down the plaster with water; now, while all wet, lay it quietly around the arm, and throw a loose

bandage about the whole; keep the arm perfectly at rest until the plaster sets, then remove the rollers. The plaster saturated crash will now be found to have assumed the character of an unyielding and perfectly fitting splint, which, when bound to the parts with the proper degree of compression, will prevent the slightest possible motion. The delicate compress represented by fig. 5, is for the purpose of preserving the interosseous space. It may or may not be found necessary to employ it. To apply this compress, take off the plaster splint and lay it along the middle of the back of the fore-arm, first with the fingers kneading the muscles down into the interosseous space. As the plaster mould fits the arm perfectly without the compress, the pad can of course be pressed down to any extent between the bones, the interosseous pressure being graduated by the thickness of the pad.

I should have remarked, that the base splint is to be padded in the usual manner, and that previous to moulding the plaster crash to the back of the arm, the proper position of the bones is to be secured. This makes a remarkably neat and immobile dressing.

Fractures of the shaft of the humerus are treated very easily on this same principle, using for the front of the arm an angular splint, after the manner of the Pennsylvania Hospital dressing, and moulding about the sides and back the plaster saturated crash.

A perfectly fitting and costless splint that will secure the complete rest to the hip-joint, may be made as follows: Place the thigh in the position required; then commencing at the knee-joint run up the spiral reversed bandage to the illeo-femoral articulation; cover in the groin and nates by a carefully and closely applied spica, now take a piece of coarse heavy crash stuff and cut it so that it shall cover in the side of the hip and thigh, from the crest of the ilium down nearly to the knee. Saturate this crash with the plaster cream and mould it carefully to the parts; keep the limb perfectly quiet until the plaster sets. When this has taken place, a second spiral and spica must be thrown over the dressing to bind it securely to its place. To remove this plaster case it is only necessary to cut through the first applied bandage when all comes away cleanly in a mass—this, if properly made, is quite a light dressing.

I have used a smilar splint with much satisfaction in treating a knee-joint for anchylosis. The principle of making it being of course the same, throwing first around the articulation a figure of 8 roller, and then applying the saturated crash.

Fractures of the lower maxilla are treated I think most simply and easily after the same manner. Take a piece of crash, cut it into an oblong square, slit this square from either end to a point equi-distant to the centre, then saturating it in the plaster place it under the chin; the fracture being adjusted, carry two of the four tails up over the sides of the face, reverse the two other tails so as to throw part of the crash in front of the chin and carry them back towards the rami. The face must of course be first divested of hair and should be oiled. The splint is to be held to its place by a roller or carefully applied handkerchief dressing.

Fracture of the head of the humerus is also treated very satisfactorily in this manner, much more so, I think, than by BOYER's dressing. This fracture being within the capsular ligament, there is of course little tendency to displacement. Cut a piece of crash somewhat in the shape of the deltoid muscle, saturate it in plaster and mould it about the shoulders; when hard, fix it by a carefully and accurately applied spica. The dressing is finished by simply binding the arm to the side and supporting the fore-arm in a sling, or the internal angular splint may be used if preferred.

*Simple and compound fracture of thigh.* Take a simple piece of board and tack to its sides strips of pasteboard; lay upon this a bed of plaster, and having secured apposition of the bones—in other words, having extended the limb to its proper length, lay it in this plaster. When the plaster sets perfect immobility will be found to have been secured. If the manipulations have been properly performed no other means of extension or counter-extension will be demanded. The cone of the thigh being grasped regularly and firmly by the plaster will not allow of any intrusion on the part of the upper or the lower fragment; while the similar grasping of the irregularities of the leg prevent lateral or vertical displacement on the part of the lower fragment. A leg dressed after this manner can at once be afforded every advantage of change in position without inconvenience or harm, simply by raising and lowering the splint after the fashion of the simple inclined plane of Professor GIBSON.

Another mode of dressing this class of fractures is, to take the double inclined plane of Sir CHARLES BELL, or make a domestic one by nailing two pieces of board together at the proper angle, lay upon this plane the bed of plaster and fix the limb in it as before—if the fracture is compound the plaster must of course be cut away entirely from about the external wound so as to allow of cleaning and dressing.

*Fractures of one or both bones of the leg.* Take a piece of board a little wider and a little longer than the leg to be treated; tack strips of pasteboard along the sides, say three or four inches wide, *pro re nata*, lay upon this a bed of plaster—at least a common washbasin full should be mixed

—and in this plaster lay the fractured limb, sinking it about one-half in the plaster, no extension or foot stay will be needed.

General Remarks.—Where the fractured limb is not first encased by the bandage—oil the part before laying in the plaster, and if there is much hair it is better to shave; always keep up extension and counter-extension until the plaster hardens.

Any one splint will be found to suit many cases.

If water dressings are to be used the splint will be the better for a coat of water-proof varnish.

Always cut holes in the wood part of the splint so that the plaster shall be firmly held.

The immobility secured will be found to influence suppuration in compound fractures most happily, and limits irritative inflammation almost completely.

The first attempt to dress with plaster may be apt to discourage. It should first be manipulated on sound parts.

[Note by Ed.—As this mode of dressing is being introduced extensively in military practice, we would be pleased if some of our army surgeons would communicate to us the results.]

## On the rapid Cure of GONORRHŒA AND SYPHILIS.

By H. Lassing, M. D.,
Of New York.

Any practitioner at all conversant with city office practice knows that the most profitable office patients are those afflicted with the various diseases of the organs of generation. In order to obtain a run of this class of patients, it is necessary to compete with a set of the most unscrupulous, avaricious and ignorant fellows, whose bold, false, untruthful and obscene advertisements and posters insult and disgust you on every available post, wall and fence, and fill the columns of nearly every newspaper. One of the greatest attractions to the ignorant, whom they interest, in these advertisements, is the promise of a quick cure. All who are thus afflicted, as indeed almost all patients are anxious to be restored to health as rapidly as possible, but none more so than he who has a venereal disease. They never think of the consequences or of the present difficulties—a rapid cure is all they ask for.

There is nothing more troublesome to the honest practitioner than when, in answer to a patient's inquiry, he tells him, as indeed he must, if candid, that it is impossible to warrant a cure within a certain time, he is quickly replied to something as follows: "Why, Doctor so and so advertises in such and such a paper, that he cures my disease in twenty-four hours, or no pay;" and if the galling remark, that "as you are a regular doctor you ought to know how to do it quicker" is not added, you are very fortunate. To talk with the majority of such patients is worse than useless. If you tell them of the dangers of contracting a stricture or of secondary syphilis, etc., they do not believe you. Neither will they believe, that in the majority of cases, these quacks do not perform the cure, if at all, within the promised time, throwing the blame upon what they call an untoward accident. As a consequence, it is best to endeavor to outdo these boastful pretenders by really curing your patients rapidly but safely.

I have tried many different methods of treatment, but find that the majority of cases will yield most rapidly to the following method: In gonorrhœa, if I see the patient before the discharge has set in, I inject a solution of nitrate of silver, gr. xxx. to the ounce of water. This, in nine cases out of ten, will entirely remove all danger of any further trouble.

When the discharge has once set in, I give an active saline purge, containing a small quantity of tartarized antimony, order a suspensory bandage to be worn, and give a paste composed of copaiba thickened with pulverized cubebs and having some nitrate of potash added, and an injection of alum gr. ss. to the ounce of water. As the inflammation subsides I increase the strength of the injection gradually to about gr. v. to the ounce. Should orchitis set in, I immediately apply collodion and strapping. The results of this method are shown in the following table, which is composed of cases treated by me within the last year in dispensary and private practice, and will therefore be a fair indication of the results of the treatment upon a class of patients from all grades of society, and laboring under various adverse and favorable circumstances while under treatment:

| | | | |
|---|---|---|---|
| Whole number treated | | | 1,530 |
| Of these I saw before appearance of discharge | | | 43 |
| No discharge appeared after injection in | | | 37 |
| Disease progressed in | | | 6 |
| Treated after discharge appeared | | | 1,487 |
| Entirely recovered in twenty-four hours. | | | 294 |
| " " | in forty-eight | " | 361 |
| " " | in three days | | 597 |
| " " | in five | " | 53 |
| " " | in ten | " | 101 |
| " " | in fifteen | " | 21 |
| " " | in twenty | " | 29 |
| " " | in thirty | " | 8 |
| Gleet appeared, lost sight of patient | | | 11 |
| Patient but slightly improved | | | 2 |
| Dropped treatment | | | 10 |
| Orchitis supervened during treatment in | | | 41 |

In the treatment of simple chancroid I always employ the stick caustic to a thorough extirpation of the sore, and then dress with calamine oint-

ment. In true chancre I also employ caustic, but dress with black wash and give the pill hyd. protiod. internally. Bubo I always treat in its first stages by compression with a truss of peculiar construction, adapted to exert a direct backward and inward pressure upon the induration, and if too far advanced by a free use of the lancet, and dress with linseed and yeast poultices. Many variations of these methods are of course made necessary by various indications of the case, but as a general rule, these methods are the quickest, safest, and therefore the most desirable in competition with the brazen, dishonest and ignorant quack.

### ELECTRO THERAPEUTICS.

By H. Lassing, M. D.,

Of New York.

I wish briefly to glance at a few cases which are not of every-day occurrence, in the treatment of which electro-magnetism has been found a useful adjuvant.

There are perhaps no diseases so troublesome and discouraging to the practitioner as the various sequelæ of acute rheumatism, and among these those cases where the disease has been perhaps improperly managed, has been allowed full sway for some time, and has produced a stiffness and thickening of the ligamentous and other structures around the joints. This has frequently caused a permanent disability of the joint. Internal remedies are of no avail directly, and liniments and lotions seem to do but little good. A method of treatment, which I have found very successful, is the following: Absolute quiet being enjoined upon the patient, I apply a strong induced electro-magnetic current through the affected joint by means of metallic conductors twice a day, for the purpose of stimulating the joint; I then have the entire limb actively and well rubbed, not as liniments are ordinarily rubbed on, but by taking a firm hold of the part and not allowing the hand to rub the skin, but with the pressure sufficient to retain the skin rub it over the integuments underneath. The capillaries are thus brought into action much quicker and easier than by any other manner of rubbing. While upon the subject let me add, that unless the patient is so situated that he can command the assistance of an *intelligent* person to do this rubbing properly, I do it myself. Most of the "wonderful cures" performed by so-called natural bone-setters and other charlatans, are due to this rubbing and the assiduity with which they attend their patients. I deem it my duty to do as much for my patients as they do, hence do not think it at all derogatory to professional dignity to do a little manual labor of this kind, and if more of the profession would practise upon the rule that if you want any thing done right, you must do it yourself, there would be less opportunity for these "wonderful cure doctors."

After this operation I bandage the affected joint in lint saturated with the following lotion:

℞. Tr. iod. comp., f. ʒss.
Glycerine, f. ʒijss.
Aquæ, ad f. ʒvj. M.
Fiat lotio.

A bandage is firmly and evenly applied over this, which gives a firm support to the joint and is very favorable to a rapid absorption of the effused fluids. The lotion prepared and applied as described insures a constant application of iodine, which is absorbed and furnishes a constant stimulus to the removal of the effused synovial fluid. The electro-magnetic applications and rubbing stimulate the local circulation and assist in getting rid of the chronic thickening around the joint.

A case just discharged, after thirty-three days treatment of an indurated knee, with a large quantity of effused fluid in the joint, the result of acute rheumatism, with other cases previously treated, satisfies me of the success attending this method of treatment.

[To be continued.]

# Editorial Department.

## Periscope.

### DOMESTIC.

#### Fibrinous Coagula in the Heart.

The fibrinous coagula occasionally found in the cavities of the heart, and which have long been considered by the greater number of authorities as merely formed *in articulo mortis*, have latterly—since the scientific investigations with reference to Thrombi and Emboli have thrown so much light on a previously obscure branch of pathology—attracted much attention from pathologists.

At a recent meeting of the London Pathological Society, Dr. Ogle exhibited eight preparations "illustrating the spontaneous formation of fibrinous coagula, at a long period before death, in the cavities of the heart, most of which had undergone considerable softening, and some of which were quite fluid in their centre. In several of these specimens the central puriform fluid was bounded by a firm, smoothish surface, reminding one of the wall of an abscess, and welled out on section of the clot being made. The firm character of these coagula, their color, their adherence to the walls of the heart, and the changes which had taken place or were taking place within them marked conclusively that the formation of the coagula had occurred sometime, possibly some weeks, before death. Out of the eight cases, this old standing and degenerating coagulum was found in the right auricle in five cases, in the right ventricle in three cases, and in the left ventricle in

one case only. In almost all instances the cases had been such as included retardation of the blood's circulation through the lungs, and mostly a long and lingering death; the patients also being chiefly subjects of ill-health or intemperance."

Dr. Ogle thought pyæmia might be produced by bursting of a concretion. No special phenomena had marked the formation; a term of months might have elapsed, he believed, in some cases. Dr. Ogle also related some cases of embolism of both middle cerebral arteries, and of the coronary arteries.

We have frequently observed these fibrinous concretions in the cavities of the heart, and in at least one instance seen distinct vascularity of the new formation entitling it to the denomination of polypus.

Our friend Dr. J. P. Lynn exhibited to us, a few days since, a well-marked specimen evidently formed long anterior to the death of a well known resident of this city.

With regard to the causes, it is evident that all that is requisite is first a nidus upon which the clot may form then an excess of the fibrin of the blood, and lastly, but perhaps most important of all, such a degree of retardation of the velocity of the circulation as may favor deposit upon the roughened surface of the excess of fibrin present.

The physiological principles involved are well understood, and have been taken advantage of, again and again, in the cure of aneurism and stoppage of hæmorrhage by position, and mechanical and medical appliances.

Propositions to which we wish now to call attention are simply and briefly these: *The increased frequency of the heart's contraction in inflammatory and febrile affections has the physiological object of preventing the formation of coagula in its cavities. Rash interference with this prophylactic effort of nature, by agents which notably retard the heart's action, directly favors formation of these coagula and their subsequent dangers.*

He who boasts that with Veratrum Viride, or Tartar Emetic, or other sedative, he has reduced the pulsation from a hundred or more, below the normal standard, by no means convinces me that, unwillingly perhaps, he is not responsible for the sudden, or it may be slow and lingering, death which ensues. In this respect, it must be confessed, Tartar Emetic is immensely superior to its proposed substitutes, because it contemporaneously with its action upon the heart, defibrinates the blood.—*Chicago Medical Journal.*

### Removal of the Uterus and Ovaries.

Dr. Chas. Clay, of Manchester, England, reports to the London Obstetrical Society "the entire extirpation of the uterus and its ovaries through the abdominal walls, which has ended most fortunately, the lady returning to her friends on the thirty-fifth day after the operation, and still continuing well, thus establishing another great fact in abdominal surgery. The case was that of a fibroid uterus of eleven pounds weight, with the ovaries in an unhealthy condition, and the tumor by its growth had latterly so filled up the cavity of the pelvis as to render the passage of the fæces and urine difficult. Dr. C. does not suppose that many uterine cases could be advisedly extirpated, but thinks some of those densely hard fibroid masses, where the constitution has not been greatly prostrated, might afford a fair prospect of cure under the knife.—*Chicago Med. Jour.*

### Purulent Sinuses of the Mamma Cured by Rest.

The powerful curative agency of *rest* is well illustrated in a case of deep purulent sinuses in the left mamma, of five months standing, treated by Mr. Ure in St. Mary's Hospital, London. The breast was perforated in several places by the sinuses which could be traced under the gland, and from which there was a discharge of sero-purulent matter. It felt hard, somewhat fuller than the other, and was the seat of occasional throbbing pain. The difficulty was attributed to a blow on the part. Patient in a state of nervous trepidation from the idea of its cancerous nature. Mr. Ure directed the left arm to be kept steadily bandaged close to the side, with the forearm brought across the chest; the breast itself being simply covered with a piece of lint, to absorb the discharge. Without other treatment, the cure was complete in ten days. The principle involved is well worth application to other cases now generally treated by laying open the sinuses, or by the use of injections with uncertain result.—*Chicago Medical Journal.*

### The Pitcher Plant in Small-Pox.

To the Editor of the American Medical Times,

N. Y.:—Monday, May 18, 1863, was called to W. C., a young man twenty-three years of age, strong and vigorous constitution. Found him with all the premonitory symptoms of variola, the lumbar pains being particularly prominent. He had been exposed to that disease eight or ten days before. Does not remember ever having been vaccinated.

Tuesday, 19th.—Fever higher, and pain more severe; eruption beginning to appear. I gave him the usual treatment; but without entering into details, suffice to say that on Saturday, 23d, there was a copious eruption of pustules about the size of small split peas, diffused over the whole body, particularly on the hands and face. The latter was so swollen as almost to close the eyes; the eruption being so thick even at this stage, as to look like one great pustule. There had been more or less delirium during the night, and the severe lumbar pains were undiminished. It now occurred to me to give the sarracenia purpurea a trial, as it was growing in abundance in a marsh near the house. I sent out and procured some of the roots, and directed the nurse to give a teacup two-thirds full of the decoction every four hours.

Sunday evening, 24th. saw him again, had been delirious the night before, but was now calm, pulse slow, skin cool, and many of the pustules shrivelling. From this time the disease never advanced, but all the pustules dried up without maturing or leaving any pitting. The root in this case had cut short the disease. Let other physicians then give a trial and report on its results.

Yours, &c.,

Samuel Mitchell, M. D.

*Cameron Mills, June* 23, 1863.

We call attention particularly to the above case, on account of the pitcher plants growing wild throughout Canada, and the facility therefore with which every physician can try it for himself. The effect of this remedy is one of the great controversies of the day in Great Britain, where it has been sent from Nova Scotia, and administered in the small-pox hospitals to some of the most severe cases, and its powers denied. We shall be happy, therefore, to hear from any physician who gives it a trial; and also to learn the localities in which it is found most abundantly.—*Canada Lancet.*

## FOREIGN.

### Physiology of Tea-Drinking.

The reduction of the duty on tea involves not only a financial experiment, but a physiological one, of interest to all who study medical and social science.

An enthusiastic historian of the stimulants we use might find plausible ground for saying that the introduction of tea into the western world is the most

revolutionary innovation in the sphere of diet which history records, and for tracing to its influence on our national character much of the mental and physical activity of this nineteenth century. We must avoid enthusiasm, and try to say a few sober words on this subject.

The Chancellor of the Exchequer anticipates an additional consumption of tea to the figure of 6,000,000 pounds (?) What will be our experience of English character and life under this increased tea-drinking? What will be the equivalent physiological results of these six millions of pounds of tea? What will be their effect on English temper and tissue?

That tea has an influence over the tissues of the body is now among the things admitted in physiology. This influence is of a conservative nature, and its value to the poor can scarcely be overrated. To them, tea is virtually tissue, and makes a supply of food, that would otherwise be inadequate to maintain the weight of the body, sufficient for that purpose. Doubtless an unlimited supply of food capable of replacing any amount of effete tissue would be preferable to a substance which simply goes to prevent tissue from becoming effete; but this is impracticable—the unlimited supply of nitrogenous food being a thing that as yet neither Providence nor politicians have given to us. Doubtless, too, alcohol has, in common with tea and other substances, this power of retarding the waste of the tissues of the body; but probably it acts differently, and certainly it is open to strong objections which cannot be made against tea. This preservative power of tea over the tissues has not hitherto been explained. Perhaps it may not be altogether unconnected with another influence of tea which we proceed to notice—namely, an influence over the temper, or rather the mood, or, speaking physically after our fashion, over the nerves. Nothing affects the wear of tissue more than mood; and tea has a strange influence over mood—a strange power of changing the look of things, and changing it for the better; so that we can believe, and hope, and do, under the influence of tea, what we should otherwise give up in discouragement and despair—feelings under the influence of which tissues wear rapidly. In the language of the poor, who, in London, we are told, spend an eighth of their income in buying tea, it produces a feeling of comfort. Neither the philosopher nor the philanthropist will despise this property of tea, this power of conferring comfort or removing *ennui*, of promoting those happier feelings of our nature under which we can do most and bear most. There is no denying the considerable dependence of our moods and frames upon substances; and as moods are as important as muscles, as they effect as largely a man's ability for the great ends of life, we cannot regard the cheapening of such substances, when devoid of noxious qualities, as other than a most important benefit to the poor and a most interesting experiment for medical observers to watch.

Tea is indeed a great fact in our present mode of life. It has been the making of an additional meal among us since the "good old days" when people lived on three meals a day. Justice has scarcely been done to the magnitude of the change which has happened since the time when gentlemen—aye, and ladies, too—took beer to their early breakfast, whep they dined at eleven, supped between five and six, and went to bed at ten. Tea and coffee have been the principal causes of this revolution.

One of the most important results of the use of tea is the prolongation of the social evening. At the time of evening leisure it gives the feeling of morning lightsomeness and freshness. It has something like the effect of sleep upon us. It removes that heaviness which follows the principal meal and would take us to bed "at ten." It postpones the hour of sleep. As a consequence of the postponement of the hour of sleep, follows inevitably the postponement of the hour of waking. Early rising has probably no such enemy as tea. There are not a few people who breakfast when their fathers used to think of dinner, who dine when their fathers supped, and who take their enlivening cup at the hour when their fathers were getting stupid and making ready for bed. No doubt there is some evil in all this, but there is more good. The mere alteration in the hours of sleep, or even the taking of an additional hour for this purpose, are not necessary evils. The question of evil or good turns upon the character of our waking hours, and we believe we are not saying too much for our present life when we say that life never was so active and so fruitful of good results as now.

Of course the increased consumption of tea which is to happen may involve some physiological consequences of a disagreeable nature; but not many. For the class to whom the cheapening of tea will be the greatest temptation are not troubled with "nerves." They have so much hard work to do, and so little of luxury in their lot, that the addition of a little good tea to their daily fare can only be a great comfort and a great boon, for which they will bless the name of Mr. GLADSTONE.—*London Lancet.*

### Subcutaneous Herniotomy.

M. LANGENBECK, of Hanover, performs this operation as follows:—The surgeon pinches up a fold of skin, and makes an opening sufficient to allow the passage of the index finger, the opening being situated a little below and internally to the external ring. With the index, the soft parts which surround the protruding bowel are then detached up to the strictured part. The fibres of the ring are then to be torn with the finger, and, if the hooked finger do not succeed, a hernia-knife may be glided on it, or a blunt hook may be substituted for the knife, to avoid hæmorrhage. The sac is then to be examined, adhesions broken down, and the bowel returned into the abdomen. There must be, in this mode of operating, a great deal of tearing and bruising, and very little certainty as to the parts acted upon.—*Lancet.*

### Another New Metal.

M. ASRAVAIS, Professor of Geology at Strasbourg, has obtained a new metal from the mineral waters of Alsace. It is yellow like gold, but is soft as lead. It has been introduced among the Paris jewelers.

## Reviews and Book Notices.

**Mitchell's New General Atlas of the Various Countries of the World. Containing Maps, Plans of Cities, etc., etc. Philadelphia: Published by S. AUGUSTUS MITCHELL, Jr., 31 South Sixth street. 1863. Price $7.**

The great want of a large atlas in offices and families seems happily supplied in this nicely executed work. Being large quarto, it is more convenient than the still larger atlases of earlier times. And that Mr. MITCHELL is its author and publisher, will carry conviction of accuracy. Its eighty-four maps and plans, plainly engraved, exhibit the entire world's surface, including valuable statistics. Our railroads, and generally those of all other countries; our new States, new territories, and new counties, largest cities with streets, our harbors, forts, and battle places, have received careful attention. The convenience with which we find places, by aid of its post-office list, is a highly acceptable feature. The great value of this new atlas, for reference, its low price, must insure for it a rapid sale. G.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 29, 1863.

## THE STUDY OF ANATOMY.

If the profession of medicine and the science and art of surgery are of any benefit to mankind; if it is proper to encourage young men to prepare themselves to attend upon the sick, the wounded, or otherwise injured, then it is worth while to give them every facility for the pursuit of anatomical studies, which lie at the very foundation of medical and surgical knowledge. Yet to the disgrace of Pennsylvania—a State which, for nearly a century, has been the fountain-head from which has flowed the streams for the healing of the nation, a State which has given the country more than half its physicians, and whose medical schools are, and have been a source, directly and indirectly, of an immense revenue—the only laws on her statute books bearing on the study of medicine render its students by implication, at least, guilty of felony, for the material without which they cannot pursue their studies to advantage, it is against statute law for them to obtain. According to the dogma "*qui facit per alia facit per se*," every student of medicine who comes to this State and pursues his studies, becomes in some sense amenable to the law for encouraging the infraction of one of the statutes of the Commonwealth.

It is remarkable that the profession of this State has not, by a united effort, had these obnoxious laws repealed long ago. It is to be accounted for only on the ground of neglect of organization. How can the profession unite on any course of action when out of sixty-six counties in the State not a score of them possess any medical organization? If we were properly organized, and acted in concert, our influence would be potent to secure any law for the protection of so vital an interest to medicine as the study of anatomy.

We have been glad to observe that this subject has of late received more attention at the hands of our profession. It has been the subject of several conferences, and at the last meeting of the State Medical Society, held in this city, Dr. Henry Hartshorne offered a resolution on the subject, which was referred to an excellent committee, consisting of Drs. Gross, Jewell, Nebinger, Condie and Bache, of this city, and Dr. McGirr, of Westmoreland county. The whole Society was also appointed a committee of co-operation. We trust it will not lose sight of the fact, and that the great body of the profession of the State outside of the Society, will lend their aid in the matter.

Let not the coming winter pass without the record of a statute passed by the Legislature for encouraging the study of anatomy. The material is abundant, and can be obtained without the most remote danger of hurting the feelings of surviving friends, as every one knows. The enactment of a law protecting the study of anatomy, would put the most effectual stop to the reprehensible practice of violating the sanctity of the grave. It is but a few years since a law was passed in the State of New York for the protection of the study of anatomy, and its passage has put an effectual stop to the traffic in human remains formerly carried on. The necessary material is now legitimately obtained and nobody's feelings are hurt, or are likely to be.

## SPECIALTIES.

### A word of Caution.

We have never been particularly favorable to the practice of specialties, for the reason that it opens a wide door to charlatanry and its tricks. We notice of late quite a disposition in the profession, in some localities, to divide off into the practice of specialties, and find that just in proportion as this is done the temptation is strong, and often yielded to, to *advertise* in some way. It is begun by publishing articles of an intensely special character in the medical journals, then a card is inserted, first in the medical journal, and finally a newspaper; then a reporter of the press happens to witness a "splendid operation," which is duly heralded to the world; then an illustrated pamphlet follows, which may, and may not be sent "to physicians only." We frequently receive such pamphlets bearing the imprint of honorable members of the profession, who, we fear, are in very great danger of prostituting their high calling.

We believe the public would, in the long run,

be better served by the intelligent, general practitioner of medicine and surgery, who does not shrink from cases of any kind, but who is ever ready to fortify himself in serious and doubtful cases by calling to his aid the counsel of others of more experience or tact than himself.

There are two natural divisions, viz., medicine and surgery, which it may be well enough to recognize to a certain extent, but not without great caution. Some practitioners seem to have more taste and capacity for practice in one of these departments, while others have more for the other. But when it comes to subdividing these departments, there is very great danger that more harm than good will result to both the profession and the public. *Verb. sap. sat.*

# Notes and Comments.

### Mitchell's Atlas.

Sometime since we briefly noticed this splendid work. We have such frequent occasion to refer to it, and do so with so much satisfaction, that we must be excused for again calling attention to it. The work is strongly bound in stiff covers, and contains fifty-three large quarto maps, and eighty-three maps, plans of cities, etc. Our readers will find it very convenient for reference, at this time when we hear of battles being fought in so many parts of our own country from Devil's lake on the North to the Teche country on the South, and from the Cache settlements in the West to the Atlantic seaboard in the East, besides the fighting that is now going on and that which is likely to be done in Mexico, Europe and other parts of the world. Seven dollars invested in the Atlas will be money well spent.

### Hamilton on Fractures and Dislocations.

We have received a copy of the second edition of this very complete work. The study of this subject has been with Dr. HAMILTON a work of love—and he has produced a book which will be a lasting and useful monument to his patience of investigation, learning, and practical ability.

This revised and enlarged edition appears at an opportune time, and we doubt not there will be an extensive demand for it. The work is placed on the United States Army Supply Table for Post and General Hospitals. It will be found well adapted to their use.

An extended notice of the book will soon appear from the hands of a competent reviewer.

### Blackberries—(Fruit of rubus Canadensis.)

It is said that Virginia is one vast blackberry field, and that the soldiers, in consequence of living on this diet for some time past, are in an excellent sanitary condition. It is estimated that since the army returned to Virginia, the free use of blackberries has saved the Government nearly a million of dollars in medical and hospital stores.

# Correspondence.

## DOMESTIC.

### THE HOSPITALS AT GETTYSBURG.

The following letter from Dr. GORDON WINSLOW, an agent of the Sanitary Commission, to one of its officers, gives an interesting account of the hospitals at Gettysburg, and of the labors of the Sanitary Commission, and the esteem in which it is held by all parties.

GETTYSBURG, *August* 13, 1863.

I thank you for your letter of the 8th instant, just received. You seem interested in our hospital matters, and I am quite disposed to afford any details that may be desired. I will be as specific as circumstances will allow. The camp hospital is called Camp Letterman, and is about a mile from Gettysburg. It occupies an elevated plateau of table-land, of some fifty acres, overlooking the town and the extensive battle-fields for miles around. This, comprising the Round Top, Flat Top (or as it is now called Weed's Hill), the Cemetery Hill, the College and Seminary, make up the foreground of the picture, and in the distance are spurs of the Blue Ridge Mountains, with undulating lines of rich, deep indigo along the horizon.

The site of the camp and the surrounding fields were occupied by the Rebels when attempting to turn our left wing. The tents are arranged in military order, of the usual hospital size, in double rows, backed together, each opening upon avenues twenty yards wide on either front, forming six double rows, with avenues some three hundred yards long, rendering the camp nearly square. On the north, northeast and west are primitive groves of tall hickory and oak, cleared of the underbrush, in which are situated on the northeast a row of tents for officers, surgeons in attendance, lady nurses, and the large store tents of the Sanitary Commission, five in number, with their cook-house, &c., &c. Along the line on the north are arranged the commissary tents, the kitchen, some seventy feet long by thirty wide, surrounded by huge boilers, &c., an ice house, a bakery, and sundry tents for attendants, &c.

Further back in the woods are the quarters of the guard, nearly surrounding the whole. A strict police is kept up. I had forgotten to say that across the east end, nearly at right angles with the officers'

tents, is a row of tents for Rebel officers, numbering some eighty to one hundred, who are kindly cared for. The whole number of patients is now about *fourteen hundred*, of whom there are over nine hundred of the worst class of wounds, viz.:

| | | |
|---|---|---|
| Penetrating wounds, of the chest | 70 | |
| Penetrating wounds, abdomen | 28 | |
| Penetrating wounds, pelvis | 55 | —153 |
| Compound fractures, thigh | 171 | |
| Compound fractures, leg | 89 | |
| Compound fractures, arm and forearm | 90 | —350 |
| Amputations, thigh | 128 | |
| Amputations, leg | 172 | |
| Amputations, arm and forearm | 136 | —436 |
| Total | | 939 |

Dr. C. N. CHAMBERLIN is at present the Surgeon-in-Chief, assisted by three division and some fifty ward surgeons.

From the commencement of the rebellion, the Sanitary Commission has maintained its position as a most wise, humane, and efficient aid to the Government in mitigating the horrors of war in many important respects. Its agents are on every battle-field, in every camp, and every hospital, to rescue the unfortunate sufferer from the miseries of neglect and untimely death. This is felt and appreciated by the Rebel as well as Union soldiers. At the late battle, two of the agents of the Sanitary Commission were captured, and are now in Libby Prison, Richmond. The moment this was known to the Rebel surgeons in our hospitals, they united in a petition to General LEE, for their release. This petition is worth recording, and is as follows:

"The undersigned surgeons of the Confederate army, now in charge of the several hospitals within the Union lines at and about Gettysburg, beg leave to testify to our General-in-chief in favor of the United States Sanitary Commission as a most praiseworthy and charitable institution. Through its kind provisions *our* hospitals are supplied with many comforts which are of inestimable value to our wounded and suffering men. While the promptness with which their agents follow on the heels of battle, enables them to dispense an immense amount of relief to the unfortunate sick and wounded soldiers on either side, it also necessarily exposes them to any reverse of fortune which may oblige them to ask protection from the successful party. Thus, during the late battle at Gettysburg, four of the agents of the Sanitary Commission fell into our hands, and as we learn, are now held as prisoners of war. We respectfully submit that as these men were taken without arms, and while in the employ of their charitable office as almoners of the Sanitary Commission to the wounded soldiers of either party, they be released from restraint and permitted to return to their work of benevolence and good-will to all."

The above was signed by some twelve of the chief surgeons of the Rebel army, and directed to General LEE.

# Army and Navy News.

### Changes.

Assistant Surgeon JOSIAH H. CULVER, detached from the receiving ship at New York, and ordered to duty in the South Atlantic blockading squadron.

### A Tour of Inspection.

Gen. CANBY and Staff, Surgeon-General WM. A. HAMMOND, Medical Director Surgeon C. MCDOUGALL, and Major STEWART VAN VLEIT, Quartermaster U. S. A., were at New York, on a tour of inspection of the hospitals and defences in that harbor, on Friday and Saturday last. Brig.-Gen. HARVEY BROWN, now in command at Fort Schuyler, joined the party also at that point. Gen. CANBY and Surgeon-General HAMMOND expressed themselves as well satisfied with the condition and management of the hospitals, both for our own men and for the rebels on David's Island. The Surgeon-General has certainly been fortunate in the selection of a Medical Director for this Department. Dr. MCDOUGALL is peculiarly qualified for this position, both by long experience in the army, and in possessing those other qualities of kindness and sympathy, which render him at all times accessible. The several military Departments work harmoniously and satisfactorily to all parties concerned.

### Surgeons Promoted.

The following Assistant Surgeons have been promoted to the rank of Surgeons in the Volunteer Corps: C. E. Swasey, L. G. Rice, Jas. H. Peabody, Wm. R. Dewitt, and H. W. Ducachet. The following have been appointed Assistant Surgeons of Volunteers: J. K. Bunday, W. B. Trull, G. McMiller, Fred. Lloyd, D. B. Wilson, J. K. Rogers, and G. S. Courtwright.

# News and Miscellany.

### Chicago Medical College.

The Medical Department of Lind University has adopted the name of the Chicago Medical College. The *Medical Examiner* says:

"The friends of this Institution will be gratified to learn that its next Annual Course of Instruction will be given in an entirely new and permanent College edifice. The latter is now in process of erection, and will be completed before the end of September next. It is located in the South Division of the City, near the corner of State street and Ringgold place. It is being built of brick, three stories above the basement, and will contain a library and dispensary room, laboratory, museum, dissecting room, college hall or lower lecture room, and amphitheatre. Being constructed especially for a medical college building, it will contain all the conveniences and comforts that are desirable in such institutions. The location is directly between the Mercy Hospital and the City Hospital building, and so near that students will have easy access to both; thus enabling the faculty to retain the most ample clinical advantages, as a part of their regular course of instruction. The present summer course of instruction, which is now nearly completed, has been a very pleasant and profitable one; and the institution, in all its relations, is steadily increasing in its prosperity."

### Apothecaries and their Relations to the Medical Profession.

At a meeting of the Kings County Medical Society, held July 14, 1863, the attention of the Society was called to the censurable course pursued by some of the druggists of the county. It was stated by several of the members that these gentlemen were in the habit of commenting upon prescriptions to the disparagement of physicians, substituting other articles for those prescribed, and not unfrequently renewing the prescriptions without the knowledge or consent of the attending physician, and that they were in the habit of prescribing for patients. For these, among other reasons, a committee was appointed, who made the following report, which was adopted:

*Whereas*, It is eminently desirable that the art of prescribing and dispensing medicines should conform, as far as possible, to scientific accuracy, therefore,

*Resolved*, That the Medical Society of the County of Kings recognizes the fact that physicians should be scrupulously careful in writing their prescriptions distinctly, and that they should use, as far as practicable, officinal names only.

*Resolved*, That it is the duty of dispensing apothecaries to put up prescriptions distinctly as directed, or to reject them, excepting, however, when there is cause to suspect a mistake; in which case, it is manifestly the duty of the apothecary to assure himself of the intention of the prescriber, before dispensing the prescription.

*Resolved*, That the practice which some apothecaries indulge in, of treating cases of disease, constitutes quackery in its worst form, because of the false confidence which their semi-professional character inspires in the minds of the people.

*Resolved*, That recommending nostrums, prescribing, criticizing prescriptions, or otherwise indulging in conversation tending to impair confidence in the author of a prescription, substituting other articles than those directed by physicians, keeping incompetent clerks, dispensing medicines of bad quality, repeating prescriptions against the expressed wish of the prescriber, and habitual carelessness, are all disreputable practices; and it shall be the duty of the members of this Society, who may hereafter become cognizant of such conduct, to report the same to the Society for the benefit of his Fellows.

*Resolved*, That these resolutions and preamble be approved by the President and Secretary in behalf of the Society, and published; and that a copy of the same be presented to every apothecary in the county, if practicable.

DEWITT C. ENOS,
*Prest. Kings Co. Med. Soc'y.*

JOHN T. YOUNG, M. D.,
*Sec. Kings Co. Med. Soc'y.*

—*Am. Med. Times.*

### A Tremendous Shock.

Dr. JEROME KIDDER, of New York, has lately enjoyed the happiness of receiving, with perfect safety, a shock of electricity sufficient, according to the previous ideas of scientific people, to kill fifty men. The experiment took place at the Cooper Institute, under the direction of the eminent Professor VANDER WEDE, of that institution. The battery consisted of six of the large Bunsen cups and a Ruhmkorff coil, of sixteen miles of wire, made by E. S. RITCHIE, of Boston—one of the best makers in the country. A most formidable battery, truly! The New York *Tribune* states that Dr. KIDDER had observed that the longer the wire was used the greater the tension, and consequently the greater the ease with which the current is conducted through the body. Hence he argued that the enormous length of the wire in the Ruhmkorff coil must render the current so highly conductible that, in spite of its great power, it would not lacerate the tissues of the body. He staked his life on his opinion and won it.—*Scientific American.*

### Doctors' Quarrels.

Despite the popular opinion upon this subject, our own notion is that doctors are quite as amiable toward each other as members of other callings, trades and professions. We have seen even staid and white-neckclothed clerical gentlemen quite as lacking in broad and generous charity as ever we observed in our brethren of the lancet. The following very good story, however, at our expense, is told by the author of "The Book about Doctors," which we give for its spice:

A London druggist once put up at the chief inn of a provincial capital, whither he had come in the course of his annual summer ride. The good man thought it would hurt neither his health nor his interests to give "a little supper" to the apothecaries of the town, with whom he was in the habit of doing business. Bent on giving practical expression to this resolve, he sallied out from "The White Horse," and spent a few hours in calling on his friends, asking for orders, and delivering invitations. On returning to his inn, he gave orders for a supper for twelve, as eleven medical gentlemen had engaged to sup with him. When the hour appointed for the repast was at hand, a knock at the door was followed by the appearance of guest A., with a smile of intense benevolence and enjoyment. Another rap, and guest B. entered. A. looked blank, every trace of happiness suddenly vanishing from his face. B. stared at A. as much as to say, "You be ——!" A. shuffled with his feet, rose, made an apology to his host for leaving the room to attend to a little matter, and disappeared. Another rap, and C. made his bow of greeting. "I'll try to be back in five minutes, but if I'm not, don't wait for me," cried B., hurriedly seizing his hat and rushing from the apartment. C., a cold-blooded, phlegmatic man, sat down unconcernedly, and was a picture of sleeping contentment till the entry of D., when his hair stood on end, and he fled into the inn yard as if he were pursued by a hyena. E. knocked and said, "How do you do?" D. sprung from his chair, and shouted "Good bye!" And so it went on till, on guest No. 11 joining the party that had received so many new comers, and yet never for an instant numbered more than three, No. 10 jumped through the window, and ran down the street to the bosom of his family. The hospitable druggist and No. 11 found on a table provided for twelve quite as much supper as they required.

Next morning the druggist called on A. for an explanation of his conduct. "Sir," was the answer, "I could not stop in the same room with such a scoundrel as B." So it went, down the line. B. had vowed never to exchange words with C. C. would be shot rather than sit at the same table with D.

"You gentlemen," observed the druggist, with a smile to each, "seem to be almost as well disposed amongst yourselves as your brethren in London; only they, when they meet, don't run from each other, but draw up, square their elbows, and fight like men."—*Lancet and Observer.*

### New York Medical News.

Professors CARNOCHAN, BUDD, and SMITH, have resigned their chairs in the Thirteenth Street Medical College, owing to the slim attendance of students. Professor BUDD has accepted the chair of Diseases of Women and Children, in the University Medical

College, just vacated by the resignation of Dr. Bedford.

The idea of establishing specialty wards in Bellevue Hospital, which seems to have originated in a desire to supply a service to Dr. Echeverria and one or two others, has fallen through.

Bellevue Hospital has commenced the English system of having out-door patients; a very good idea, but seriously injuring Demilt Dispensary, which is located close by, and which has heretofore been considered as the only dispensary worth the students' attention.

### The French Conscription.

The year's conscription of one hundred thousand men, which is just over, shows, it is said, a large increase in France in the number of the sickly and the deformed, of the class who are below even the small stature of the approved conscript.—*Lancet and Observer.*

### Induction of Premature Labor.

Professor Giordano tells us that the best method of inducing premature labor is cauterization of the neck of the womb with lunar caustic. This, he says, excels all other methods.—*Amer. Med. Times.*

### Vivisection.

The deputation of the Society for the Prevention of Cruelty to Animals, which some time since waited on the Emperor Napoleon to protest against the practice of vivisection, have been rewarded by an ordinance of police, which places a check on this practice. The veterinary and anatomical schools are therefore expected to relinquish it entirely.—*London Lancet.*

### The Upas Poison.

There is a statement in the *Abeille Medicale* that a scientific gentleman of Berlin recently took three grains of the upas. He immediately felt an exhilaration of spirits, followed by headache; in half an hour this was succeeded by spasmodic convulsions and other symptoms. On removal to the hospital, an emetic and opiates were administered. He recovered in six days.—*Cincinnati Lancet and Observer.*

## DIED.

Bartlett.—At Middletown Point, N. J., Aug. 25, Dr. John S. Bartlett, in the 73d year of his age. He was an Englishman by birth, a gentleman of fine literary talent, twenty-six years proprietor of the "New York Albion," and subsequently of the "Anglo Saxon," published in Boston.

Blatchford.—In Troy, New York, on Sunday, August 23, T. Wickes Blatchford, of New York, son of Dr. T. W. Blatchford, aged 43 years and six months.

Brown.—In Baton Rouge, La., Dr. Samuel H. Brown, of the One Hundred and Seventy-fourth Regiment, New York State Volunteers, formerly of New York City, in the 39th year of his age.

Davis.—On Thursday, August 20, off Cape Hatteras, North Carolina, Luther Davis, a member of the Ninth Regiment, New Jersey Volunteers, son of Dr. Charles Davis, of Phillipsburgh, New Jersey, of bilious fever, in the 21st year of his age.

Gominger.—On the morning of the 24th instant, Thomas Passmore, son of Dr. William H. and C. E. Gominger, in the 16th year of his age.

Stevenson.—On Tuesday morning, Aug. 25, at his late residence, No. 15 Harrison street, N. Y., Dr. John B. Stevenson, aged 68 years.

Wainwright.—In New Orleans, on Wednesday, Aug. 5, of typhoid fever, acquired in camp before Vicksburgh, Dr. D. Wadsworth Wainwright, Surgeon U. S. V., in the 31st year of his age.

## METEOROLOGY.

| August. | 17, | 18, | 19, | 20, | 21, | 22, | 23. |
|---|---|---|---|---|---|---|---|
| Wind..... | N. E. | N. E. | S. | S. W. | S. | S. W. | S. |
| Weather.... | Clear. | Clear. | Clear. | Clear. | Clear. | Clear. | Clear. |
| Depth Rain... | | | | | | | |
| *Thermometer* | | | | | | | |
| Minimum..... | 67° | 57° | 60° | 62° | 63° | 69° | 70° |
| At 8 A. M..... | 74 | 67 | 73 | 75 | 75 | 74 | 83 |
| At 12 M..... | 74 | 72 | 77 | 82 | 82 | 84 | 87 |
| At 3 P. M..... | 73 | 74 | 80 | 84 | 84 | 89 | 90 |
| Mean..... | 72 | 67.5 | 72.5 | 75.7 | 76.5 | 79 | 82.5 |
| *Barometer.* | | | | | | | |
| At 12 M..... | 30.2 | 30.4 | 30.2 | 30 | 30 | 29.9 | 30.1 |

*Germantown, Pa.* B. J. Leedom.

| VITAL STATISTICS. | Philadelphia. Week ending Aug. 22. | New York. Week ending Aug. 24. | Baltimore. Week ending Aug. 24. | Boston. Week ending Aug. 22. | Providence. Month of July. |
|---|---|---|---|---|---|
| Popl'n, (estimated.) | 580,000 | 950,000 | 240,000 | 180,000 | 52,000 |
| *Mortality.* | | | | | |
| Male | 257 | 343 | 85 | 51 | 43 |
| Female | 222 | 320 | 66 | 63 | 46 |
| Adults | 155 | 237 | 42 | 45 | 48 |
| Under 15 years | 309 | 422 | 106 | 66 | 35 |
| Under 2 years | 253 | 347 | 75 | 62* | 21 |
| Total | 479 | 663 | 151 | 114 | 89 |
| Deaths in 100,000 | 82.59 | 69.79 | 62.92 | 63.33 | 171.15 |
| American | 386 | 467 | ... | 75 | 41 |
| Foreign | 70 | 149 | ... | 39 | 48 |
| Negro | 18 | 10 | 15 | 1 | 6 |
| Zymotic Diseases. | | | | | |
| Cholera, Asiatic | ... | 1 | ... | ... | ... |
| Cholera Infantum | 126 | 149 | 30 | 29 | 12 |
| Cholera Morbus | 2 | 9 | 1 | 4 | ... |
| Croup | 2 | 2 | 5 | 2 | ... |
| Diarrhœa | 14 | 37 | ... | 3 | 3 |
| Diphtheria | 9 | 14 | 6 | 3 | 2 |
| Dysentery | 9 | 11 | 1 | 6 | 6 |
| Erysipelas | ... | 2 | 1 | ... | ... |
| Fever, Intermittent | ... | ... | ... | ... | ... |
| Fever, Remittent | 2 | ... | ... | ... | ... |
| Fever, Scarlet | 3 | 4 | 3 | ... | ... |
| Fever, Typhoid | 7 | 19 | 1 | 3 | 2 |
| Fever, Typhus | ... | 13 | ... | ... | ... |
| Fever, Yellow | ... | ... | ... | ... | ... |
| Hooping-cough | 2 | 3 | 2 | 1 | ... |
| Measles | ... | 3 | ... | ... | ... |
| Small Pox | ... | 2 | 3 | ... | ... |
| Syphilis | 1 | ... | ... | ... | ... |
| Thrush | ... | ... | ... | ... | 1 |
| Sporadic Diseases | | | | | |
| Albuminuria | ... | 4 | ... | ... | ... |
| Apoplexy | 7 | 3 | 1 | 2 | ... |
| Consumption | 37 | 61 | 20 | 17 | 18 |
| Convulsions | 19 | 34 | 1 | 6 | 3 |
| Dropsy | 21 | 2 | 2 | 2 | 2 |
| Gun-shot Wounds | 12 | 1 | ... | ... | ... |
| Intemperance | 5 | ... | ... | 1 | 4 |
| Marasmus | 28 | 55 | ... | ... | ... |
| Pleurisy | ... | 3 | ... | ... | ... |
| Pneumonia | 8 | 22 | 2 | 4 | 1 |
| Puerperal Fever | ... | 2 | ... | ... | 1 |
| Scrofula | ... | 1 | ... | ... | ... |
| Sun Stroke | 13 | 21 | 6 | ... | ... |
| Violence and Acc'ts | 15 | 22 | 2 | 2 | 1 |

* Under 5 years.

## TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

## BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them and for postage, as many of the numbers are growing scarce, and we have to prepay the postage, two cents a number.